



REQUEST FOR INFORMATION/RECORD

Date: 5-31-22

Name of Requestor: JEFFREY R. SABANDO

Address: BRGY. PATAG BAYBAY CITY LEYTE

Contact Number: 09639124362 / PPO

E-mail address: none

Proof of Identity: TIN CARD

ID No.: 946-089-939

Requested Information:

COE

No. of copies: 1

Reason & intended use of requested information/document

for renewal of NCI

Jeffrey R. SABANDO

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0613423 Date: 5-31-22 Amount: 10

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: